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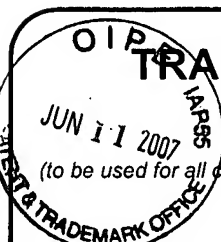
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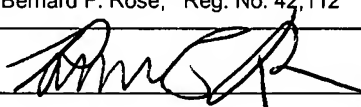
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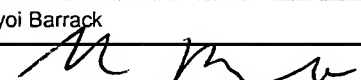
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	<b>Application Number</b>	10/676,616	
	<b>Filing Date</b>	September 30, 2003	
	<b>First Named Inventor</b>	Mina Chow	
	<b>Group Art Unit</b>	3767	
	<b>Examiner Name</b>	Phillip A. Gray	
<b>Total Number of Pages in This Submission</b>	8	<b>Attorney Docket Number</b>	85847.42

ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Response to Office Action (7 pages) <input type="checkbox"/> Amendment Transmittal Letter (in duplicate) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (___ months) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 and ___ References <input checked="" type="checkbox"/> Express Mail Label No. EV 889 009 053 US <input checked="" type="checkbox"/> Certificate of Mailing <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
Remarks				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Bernard F. Rose, Reg. No. 42,112
Signature	
Date	June 11, 2007

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: June 11, 2007			
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:

**Mina CHOW, et al.**

**Group Art Unit: 3767**

**Serial No.: 10/676,616**

**Examiner: Gray, Philip A.**

**Filed: 30 September 2003**

**For: DEFLECTABLE CATHETER  
ASSEMBLY AND METHOD OF  
MAKING SAME**

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO FINAL OFFICE ACTION**

Dear Sir:

With regard to the final office action mailed 9 April 2007, please consider the remarks below.